

Official Request
APARTMENT
INCOME & EXPENSE SURVEY
CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
703.746.4646



Tax Assessment Map # Abstract Code Account #

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This form is accessible via the Office's website at www.alexandriava.gov/realestate
If you wish, you may download the form and enter the data via the fillable PDF and submit electronically.

RETURN TO:
CITY OF ALEXANDRIA
OFFICE OF REAL ESTATE ASSESSMENTS
P.O. BOX 178
ALEXANDRIA, VIRGINIA 22313-1501

Dear Property Owner:

The Office of Real Estate Assessments is in the process of collecting and analyzing information for the annual reassessment of real estate located in the City of Alexandria. This is an official request pursuant to Section 58.1-3294 of the **Code of Virginia** that requires you to furnish this office with income and expense data for any income-producing properties for calendar year 2019. This request is also in compliance with Section 3-2-186 of the Alexandria City Code. All information submitted will be kept strictly confidential under the stipulations of Section 58.1-3 of the **Code of Virginia**.

This survey form is to be completed by the property owner or a duly authorized agent, showing the gross income (at 100% occupancy), vacancies and expenses for the above referenced property. The information should encompass the 2019 calendar year.

Income information related to calendar year 2019 that you may have previously submitted to the Office of Real Estate Assessments or to the Board of Equalization as part of a review or an appeal, **must be resubmitted at this time to satisfy this request.** The income information requested by the Department of Finance in regard to business licenses is not associated with this request.

In addition to the information requested as part of this survey, we request that you submit any other income or expense information that you believe to be relevant to the assessment of your property.

The enclosed self-addressed envelope is provided for your convenience. The income information must be returned to our office no later than **May 1, 2020** or postmarked by the U. S. Postal Service no later than **May 1, 2020**. We would like to remind you that any Request for Review of Assessment filed with this office, or any Appeal of Assessment filed with the Board of Equalization, which is based upon the income or expenses attributable to your property will not be considered unless this information has been filed on time.

If you have any questions regarding this matter, or wish to discuss this request form with a member of our appraisal staff, please call between 8:00 a.m. and 5:00 p.m., Monday through Friday. Your cooperation and timely response to this legal requirement will be greatly appreciated.

Sincerely,

The Office of Real Estate Assessments

Enclosure

CERTIFICATION

State law requires certification by the owner or officially authorized representative. (Please type or print all information except signature.)

Name of apartment _____

Property address _____

Type of project or building (garden, garden-townhouse, mid-rise, high-rise) _____

Owner(s) name(s) _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Management firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print Name _____ E-mail _____

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance please call our office at 703.746.4646.

A. ANNUAL INCOME TOTALS

1. Potential Rental Income:

01a Market rent as of January 1, 2019, from **residential apartments**, assuming 100% occupancy _____

01b Market rent as of January 1, 2019, from any **commercial office and/or retail units**, assuming 100% occupancy _____

01c Total Potential Rental Income (Sum of Lines 01a and 01b) _____

2. Vacancy and Collection Loss (Calendar Year 2019):

Residential

Commercial

02 Income loss due to vacancy _____

03 Income loss due to concessions _____

04 Income loss due to collection loss _____

05 **Total Vacancy and Collection Loss (Sum of Lines 02 through 04)** _____

3. Actual Gross Income (Calendar Year 2019):

06a Actual **apartment** rental income received _____

06b Actual **commercial** rental income received _____

06c **Actual income received (Sum of Lines 06a through 06b)** _____

4. Other Income (Calendar Year 2019):

07 Excess rent attributable to corporate suites. _____

08 Laundry income (Contract? Owner Managed?). _____

09 Utility reimbursements. _____

10 Interest income _____

11 Insurance reimbursements. _____

12 Garage/Parking rents. _____

13 Furniture rental income. _____

14 Clubhouse rental _____

15 Special fees _____

16 HUD mortgage interest subsidy reimbursements _____

(Specify: _____)

17 Concessions/ Vending machine income _____

18 Miscellaneous/Antenna Income (Specify: _____) _____

19 **Total Other Income (Sum of Lines 07 through 18)** _____

TOTAL ACTUAL INCOME (Line 06c plus Line 19) _____

B. ANNUAL OPERATING EXPENSES (Calendar Year 2019)

	Residential	Commercial
1. Utilities:		
20 Water and sewer.....		
21a Electricity – excludes HVAC.....		
21b Electricity – includes HVAC.....		
22 Primary heating fuel (Specify:.....)		
23 Other fuel (Specify:.....)		
TOTAL UTILITIES (Sum of Lines 20 through 23).....		
2. Maintenance and Repairs:		
24 Maintenance payroll (including payroll taxes and benefits).....		
25 Maintenance supplies.....		
26 HVAC repairs.....		
27 Elec/Plumbing repairs.....		
28 Elevator repairs.....		
29 Roof repairs.....		
30 Pool repairs.....		
31 Other common area or exterior repairs.....		
32 Typical redecorating or refit costs (i.e. painting, carpet, etc.).....		
33 Other (Specify:.....)		
TOTAL MAINTENANCE AND REPAIRS (Sum of Lines 24 through 33).....		
3. Administrative:		
34 Management fees.....		
35 Administrative payroll (including payroll taxes and benefits).....		
36 All other administrative costs.....		
37 Corporate suite expense.....		
TOTAL ADMINISTRATIVE (Sum of Lines 34 through 37).....		
4. Services:		
38 Janitorial/Cleaning.....		
39 Landscape.....		
40 Trash service.....		
41 Security/Pool service.....		
42 Snow removal.....		
TOTAL SERVICES (Sum of Lines 38 through 42).....		
5. Insurance and Taxes:		
43 Estimated 2020 Alexandria Stormwater Utility Fee.....		
44 Fire, Casualty insurance.....		
45 Other taxes, fees (including occupancy tax).....		
46 Real estate taxes.....		
TOTAL INSURANCE AND TAXES (Sum of Lines 43 through 46).....		
6. TOTAL OPERATING EXPENSES BEFORE REPLACEMENT RESERVES		
47 Total Expenses		
Replacement Reserves (2019).....		

C. NET OPERATING INCOME (Calendar Year 2019)

	Residential	Commercial
Total Actual Income less Operating Expenses		
less Replacement Reserves		

D. CAPITAL IMPROVEMENTS, RENOVATIONS

Has the property had Capital Improvements or Capital Renovations during the reporting period?
☐ Yes ☐ No

If yes, please provide total cost here and attach a detailed list of improvements on a separate page. **Reflect only those capital costs that were actually expensed in calendar year 2019.**

Total Capital Cost _____

Do you fund a reserve for future capital improvements? ☐ Yes ☐ No
If yes, what is the annual amount? _____

E. VACANCY INFORMATION

1. Vacancy for this project as of January 1 of the current year (2020)?

- a. **Residential** _____ units or _____ % of total units
b. **Commercial/Industrial** _____ units or _____ % of total units

2. What was the average vacancy over the past year (2019)?

- a. **Residential** _____ units or _____ % of total units
b. **Commercial/Industrial** _____ units or _____ % of total units

3. What is the typical length of the initial lease?

- a. **Residential** _____ # of months
b. **Commercial/Industrial** _____ # of months

4. Rent concessions being offered as of January of the current year (2020):

- a. **Residential** Unit type _____ Amt./Mo. _____ Total _____
b. **Commercial/Industrial** Unit type _____ Amt./Mo. _____ Total _____

F. SUBSIDIZED HOUSING INFORMATION

1. Is this property a participant in one of the HUD or other low income housing programs?
☐ Yes ☐ No

☐ 221-D-3 ☐ 221-D-4 ☐ 236 Section 8 - Project-based program _____

☐ Other ☐ ADU Program Tenant-based assistance _____

Has there been a professional appraisal on this real property in the last five years? ☐ Yes ☐ No

If yes, appraiser's estimate of value \$ _____ Date of value _____

G. COST INFORMATION (applicable if property was built within last 5 years)

Estimated total development costs (includes all direct or "hard" costs plus all indirect or "soft" costs, including marketing costs, leasing commissions, etc., to achieve initial stabilized occupancy) \$ _____

Purchase price of land \$ _____

TOTAL COSTS..... \$ _____

NOTE: A detailed construction cost breakout report may be substituted in lieu of the above information.

H. SALES INFORMATION

Date Acquired _____ Price _____

Date Sold _____ Price _____

CONFIDENTIAL